| ARIZONA STATE BOARD OF HEALTH  District of Town of Payon BUREAU OF VITAL STATISTICS  ORIGINAL CERTIFICATE OF BIRTH  County Registrar No.  Local Registrar.  Local Registrar No.   | PLACE OF BIRTHUPPLEMENT ATTACHED   |   |  |
|--|--|---|--|
| District of Payson of Payson of ORIGINAL CERTIFICATE OF BIRTH County Registrar No.  City of ORIGINAL CERTIFICATE OF BIRTH County Registrar No.  Local Regist | 1. County of ARIZON  | NA STATE BOARD OF HEALTH  |  |
| ORIGINAL CERTIFICATE OF BIRTH  County Registrar No.  Local Registrar No.  St.  St.  No.  (If birth occurred in a hospital or institution, give its NAME instead of street and number)  2. Fell name of child   To be answered ONLY  3. Sex of Child  To be answered ONLY  Market  To be answered ONLY  T | District of  | 어디에 가는 그 모든 사람들은 사람들은 그 사람들이 가지 않는 것이 되었다.  |  |
| City of Sity o | 1 = 1 (1-0: 2-c2)  |   |  |
| City of (If birth occurred in a hospital or institution, give its NAME instead of street and number?  2. Full name of child (If birth occurred in a hospital or institution, give its NAME instead of street and number?  Mark (If birth occurred in a hospital or institution, give its NAME instead of street and number?  If child is not yet named, make applyemental report, as directed.  If child is not yet named, make the supplemental report, as directed.  If child is not yet named, make the supplemental report, as directed.  If child is not yet named, make this not yet named, make the supplemental report, as directed.  If no or in the supplemental report is not including the child is not yet named, make the supplemental report.  If child is not yet named, make the supplemental report, as directed.  If no or in the supplemental report is not including the child is not yet named, make the supplemental report.  It is a supplemental report is not including the supplemental report in a hospital or institution, give its NAME is not perfect and number?  If child is not yet named, make this institution, give its NAME is not perfected.  If child is not yet named, make the supplemental report is not including the child.  If child is not yet named, make the supplemental report is not including the child.  If child is not yet named, make this child, who was supplemental report is not including the child.  If child is not yet named, make this child, who was supplemental report is not included.  If child is not yet named, make this child, who was supplemental report is not included.  If no or individed the supplemental report is not included the birth of this child, who was supplemental report is not included to including the child.  If no or individed the supplemental report is not included the supplemental report is not included to included the supplemental report is not included to include the supplemental report is not included.  If no or individed the supplemental report is not included the supplemental report is not include |  |   |  |
| 2. Full name of child A Market institution, give its NAME instead of street and number)    Second Child   To be answered ONLY   4. Twin, triplet or other  | City of No   | C14 9775  |  |
| 3. Sex of Child To be answered ONLY in event of plural biths.  Mals.   FATHER   14.   Twin, triplet or other   16. Legitimate?   7. Date of birth May 30   15. No., in order of birth Month   Day Year   16.   No.   No. | 11 DITH OCCURRED IN a hospital or institution, give its NAME instead of street and number)   |   |  |
| male births.  5. No., in order of birth 1. First Month 1. Month 1. Month 1. Day Year  8. FATHER  Full name Archler Dell Marlin  9. Residence (Usual place of abode)  If nonresident, give place and state  10. Color or race  Whith II. Age at last birthday 4. (Years)  12. Birthplace (city or place)  (State or country)  13. Occupation  Nature of industry  14. Age at last birthday 5. (Years)  15. Birthplace (city or place)  (State or country)  16. Color or race  17. Age at last birthday 6. (Years)  18. Birthplace (city or place)  (State or country)  19. Occupation  Nature of industry  19. Number of children of this mother  (Taken as of time of birth of child herein (b) Born alive and now living C (Stillborn)  10. Number of children of this mother  (Taken as of time of birth of child herein (c) Stillborn  11. Age at last birthday 6. (Years)  12. Birthplace (city or place)  (State or country)  13. Occupation  Nature of industry  14. Were precautions taken against ophical thainia neonstorum 1. (Stillborn)  15. Residence  (Usual place of abode)  (State or country)  16. Color or race  17. Age at last birthday 6. (Years)  18. Birthplace (city or place)  (State or country)  19. Occupation  Nature of industry  19. Occupation  (Taken as of time of birth of child herein (b) Born alive and now living C (Stillborn)  19. Occupation  (Taken as of time of birth of child herein (b) Born alive but now dead. C (Stillborn)  (Taken as of time of birth of child herein (c) Stillborn  (To alive of industry  (That is a precautions taken against ophical than in neonstorum 1. (Stillborn)  (To alive of industry  (That is a precautions taken against ophical than in neonstorum 1. (Stillborn)  (To alive of industry  (That is a precautions taken against ophical than in neonstorum 1. (Stillborn)  (Taken as of time of birth of child herein (c) Stillborn  (Taken as of time of birth of child herein (c) Stillborn  (Taken as of time of birth of child herein (c) Stillborn  (Taken as of time of birth of child herein (c) Stillborn  (Taken as of time of bir | The fact of the fa | If child is not yet named, make supplemental report, as directed.   |  |
| Full name Archler Bell Marlin  9. Residence (Usual pince of abode) If nonresident, give place and state  10. Color or race  11. Age at last birthday (Years)  12. Birthplace (city or place) (State or country)  13. Occupation Nature of industry  20. Number of children of this mother (Taken as of time of birth of child herein (b) Certified and including this child.)  12. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES I hereby certify that I attended the birth of this child, who was of more midwife, then the father, householder, etc., should make this return. A stillborn child is nor than entire breathers nor shows other evidence of life after. Householder, etc., should make this return. A stillborn child is one that neither breathers nor shows other evidence of life after. Month, day, year.  Filed  19. Occupation Nature of Industry  19. Occupation | in event of plural 7. Date 1/1 / 67 X  |   |  |
| 9. Residence (Usual place of abode) If nonresident, give place and state  10. Color or race  11. Age at last birthday 7 (Years)  12. Birthplace (city or place) (State or country)  13. Occupation Nature of industry  20. Number of children of this mother (Taken as of time of birth of child herein (c) Stillborn  15. Residence (Usual place of abode)  16. Color or race  17. Age at last birthday 6 (Years)  18. Birthplace (city or place) (State or country)  19. Occapation Nature of industry  20. Number of children of this mother (Taken as of time of birth of child herein (c) Stillborn  20. Number of children of this mother (Taken as of time of birth of child herein (c) Stillborn  21. Were precautions taken against ophthalmia neonatorum?  (Stillborn)  22. Were precautions taken against ophthalmia neonatorum?  (Stillborn)  23. Occupation Nature of industry  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE;  1 hereby certify that I attended the birth of this child, who was offer midwife, then the faiher, householder, etc., should make this return. A stillborn of midwife, then the faiher, householder, etc., should make this return. A stillborn of midwife, then the faiher, householder, etc., should make this return. A stillborn of midwife of life after birth.  2 Or Manuel of abode)  2 Or Manuel of abode)  3 Occupation  4 Or Manuel of abode)  4 Or Manuel of abode o |  |   |  |
| 9. Residence (Usual place of abode) If nonresident, give place and state  10. Color or race  11. Age at last birthday? (Years)  12. Birthplace (city or place) (State or country)  13. Occupation Nature of industry  14. Number of children of this mother (Taken as of time of birth of child herein (b) Born alive but now dead C extified and including this child.)  15. Residence (Usual place of abode)  16. Color or race  17. Age at last birthday? (Years)  18. Birthplace (city or place)  (State or country)  19. Occupation Nature of Industry  19. Occupation Nature of Industry  19. Were precautions taken against oph-thalmia neonatorum?  19. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES  10. Thereby certify that I attended the birth of this child, who was contained the birth of this child, who was no attending physician or midwife, then the father, householder etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  10. Were precautions taken against oph-thalmia neonatorum?  11. Were precautions taken against oph-thalmia neonatorum?  12. Were precautions taken against oph-thalmia neonatorum?  13. Occupation Nature of Industry  14. Were precautions taken against oph-thalmia neonatorum?  15. Residence (Usual place of abode)  16. Color or race  17. Age at last birthday?  18. Birthplace (city or place)  19. Occupation Nature of Industry  19. Occupation Nature of Industry  19. Were precautions taken against oph-thalmia neonatorum?  19. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES  10. Color or race  11. Age at last birthday?  12. Were precautions taken against oph-thalmia neonatorum?  12. Were precautions taken against oph-thalmia neonatorum?  12. Were precautions taken against oph-thalmia neonatorum?  13. Occupation Nature of Industry  14. Age at last birthday?  15. Birthplace (city or place)  16. Color or race  18. Birthplace (city or place)  18. Birthplace (city or place)  19. Were precautions taken against oph-thalmia neonatorum?  19. CERTIFICATE OF AT | Full name archler Bell Martin  | Full maiden nama Ida Bece Haught-   |  |
| 10. Color or race  While 11. Age at last birthday? (Years)  12. Birthplace (city or place)  (State or country)  13. Occupation  Nature of industry  (State or country)  14. Birthplace (city or place)  (State or country)  15. Occupation  Nature of industry  (State or country)  16. Color or race  17. Age at last birthday? (Years)  (State or country)  18. Birthplace (city or place)  (State or country)  19. Occupation  Nature of Industry  (Taken as of time of birth of child herein (c) Stillborn  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES  I hereby certify that I attended the birth of this child, who was or midwife, then the father, householder, etc., should make this return. A stillborn or midwife, then the father, householder, clied, who was other evidence of life after birth.  Siven name added from a supplemental report  Month, day, year.  Filed  18. Birthplace (city or place)  (State or country)  19. Were precautions taken against ophthalmia neonatorum? (Ambullet and now living Companies and now living C | 9. Residence (Usual place of shade)  | 15. Residence   |  |
| 11. Age at last birthday? 4 (Years)  12. Birthplace (city or place)  (State or country)  13. Occupation  Nature of industry  20. Number of children of this mother (a) Born alive and now living. (Continuing this child)  (Taken as of time of birth of child herein (c) Born alive but now dead (c) thalmia neonstorum? (c) thalmia neonstorum? (c) this mother (c) stillborn  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was of the continuing this child. (C) stillborn (C) then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Siven name added from a supplemental report (Physician or midwife). Filed (Physician or midwife).  Filed (Physician or midwife). (Physician or midwife). (Physician or midwife). (Physician or midwife).   | If nonresident, give place and state of the aris   | If nonresident, give place and state  |  |
| While 11. Age at last birthday? (Years)  12. Birthplace (city or place)  | 1  |   |  |
| 12. Birthplace (city or place)  (State or country)  13. Occupation  Nature of industry  (State or country)  14. Occupation  Nature of industry  (State or country)  15. Occupation  Nature of industry  (State or country)  16. Occupation  Nature of Industry  (Taken as of time of birth of child herein (b) Born alive and now living certified and including this child.)  (C) Stillborn  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was corn and attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Given name added from supplemental report  Month, day, year.  Month, day, year.  Filed  18. Birthplace (city or place)  (State or country)  19. Were precautions taken against ophthalmia neonatorum? (Language ophthalmia neonatorum? ( | _ While   11. Age at last birthday 3 4 (Years)   |   |  |
| (State or country)  (Passician or midustry Archive against ophthalmia neonatorum?  (State or country)  (The procedure of Industry Archive against ophthalmia neonatorum?  (State or country)  (Passician or midustry Archive against ophthalmia neonatorum?  (State or country)  (Taken as of time of this mother against ophthalmia neonatorum?  (State or country)  (The procedure of industry Archive against ophthalmia neonatorum?  (State or country)  (The procedure against ophthalmia neonatorum?  (State or country)  (The procedure against ophthalmia neonatorum?  (State or country)  (The procedure against ophthalmia neonatorum?  (State or country)  (The procedure against ophthalmia neonatorum?  (State or country)  (State or country  (The procedure against ophthalmia neonatorum?  (State or country  (The proce | 1  |   |  |
| 13. Occupation Nature of industry  20. Number of children of this mother (a) Born alive and now living (Taken as of time of birth of child herein (b) Born alive but now dead (C) Stillborn  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was  *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Signature  *When here was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Signature  *When here was no attending physician or midwife of stillborn.)  *Signature of industry  *When there was no attending physician or midwife of stillborn.)  *Signature of industry  *When there was no attending physician or midwife of stillborn.)  *Signature of industry  *When there was no attending physician or midwife of stillborn.)  *Signature of industry  *When there was no attending physician or midwife of stillborn.)  *Signature of industry  *When there was no attending physician or midwife of stillborn.)  *Signature of industry  *When there was no attending physician or midwife of stillborn.)  *Signature of industry  *When there was no attending physician or midwife of stillborn.)  *Signature of industry  *When there was no attending physician or midwife of stillborn.)  *CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  I hereby certify that I attended the birth of this child, who was attended to the birth of this child.  *When there was no attended the birth of this child, who was attended to the birth of this child.  *When there was no attended the birth of this child.  *When there was no attended the birth of this child.  *When there was no attended the birth of this child.  *When there was no attended the birth of this child.  *When there was no attended the birth of this child.  *W |  | 18. Birthplace (city or place)  |  |
| Nature of industry  Nature |  | (State or country)  |  |
| 20. Number of children of this mother  (Taken as of time of birth of child herein (a) Born alive and now living (b) Born alive but now dead (c) thalmia neonatorum?  (Taken as of time of birth of child herein (b) Born alive but now dead (c) Stillborn  (c) Stillborn (c) Stillborn (c) Stillborn (c) Stillborn (c) Stillborn (c) Stillborn (c) Stillborn (c) Stillborn (c) Stillborn (c) Stillborn (c) Signature (c) | Notice of industrial   |   |  |
| (Taken as of time of birth of child herein (b) Born alive but now dead O that the certified and including this child.)  (c) Stillborn O that I attended the birth of this child, who was Connained at Mind I attended the birth of this child, who was Connained at Mind I attended the birth of this child, who was Connained at Mind I attended the birth of this child, who was Connained at Mind I attended the birth of this child, who was Connained at Mind I attended the birth of this child, who was Connained at Mind I at Mind I attended the birth of this child, who was Connained at Mind I at Mind I at Mind I attended the birth of this child, who was Connained at Mind I at Mind I attended the birth of this child, who was Connained at Mind I att | <u> </u>   | Nature of Industry 1000 2000  |  |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE;  I hereby certify that I attended the birth of this child, who was convain at me on the date above stated.  *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Given name added from supplemental report Month, day, year.  Filed 1928  Filed 1928  Local Registrar.   | (w) Dorn wire and non  | living (2). Were precautions taken against oph-   |  |
| Thereby certify that I attended the birth of this child, who was down at the state of the state  |  | dead O  |  |
| *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Given name added from supplemental report Month, day, year.  Filed June 1, 1928 Address  Filed June 1, 1 | CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  |   |  |
| or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Given name added from supplemental report  Month, day, year.  Filed  File | · · · · · · · · · · · · · · · · · · ·  | (Born alive o) stillborn.)  |  |
| child is one that neither breathes nor shows other evidence of life after birth.  Given name added from supplemental report Month, day, year.  Filed July 1928 Address  Local Registrar.   | or midwife, then the father, householder, Signature  | + The same of the |  |
| Given name added from Filed June 1 1928 A Local Registrar.  Filed June 1 1928 A Local Registrar.  Filed June 1 1928 A Local Registrar.   | child is one that neither breathes nor shows   | (   |  |
| Month, day, year.  Local Registrar.  Filed , 19.   | Given name added from  | 280 AD  |  |
| Filed, 19  |  | Local Registrer   |  |
| 149-63D-983  |  |   |  |
| 149-93D-9331.  |  | County Registrar.   |  |
|  | 149-   | 93D-933   |  |

ര

C;